BIRTH MO. REG. DIST. NO. 318 RIMARY REG. DIST. NO. 100 Registrar's No. 631  I. PLACE OF DEATH  a. COUNTY  D. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  D. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  C. LENGTH OF C. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  C. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  A. STATE  S. SOUP!  C. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  A. STATE  S. SOUP!  C. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  A. STATE  S. SOUP!  C. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  A. STATE  S. SOUP!  C. CITY (If outside corporate limits, write RURAL and give township)  TOWN ST. COUNTY  A. DATE  (Wonth)  (Pay)  (Year)  TOWN ST. COUNTY  A. DATE  (Month)  TOWN ST. COUNTY  A. DATE  (Month)  (Day)  (Year)  TOWN ST. COUNTY  A. DATE  (Month)  TOWN ST. COUNTY  A. DATE  (Month)  TOWN ST. COUNTS  TOWN ST. COUNTS  A. DATE  (Month)  TOWN ST. COUNTS  TOWN ST. COUNTS  A. DATE  (Month)  TOWN ST. COUNTS  TOWN ST. COUNTS  A. DATE  (Month)  TOWN ST. COUNTS  TOWN ST. COUNTS  TOWN ST. COUNTS  TOWN ST. COUNTS  A. DATE  (Month)  TOWN ST. COUNTS  TOWN	ı <b>Pled J</b> ai	11 <b>4 5 1</b> 11167	HE DIVISION OF HE			<b>2514</b>
B. CLERGY OF DEATH  B. COUNTY  B. COUNTY  B. CHY (If outside corporate limits, write RURAL and give  LENGTH OF  TOWN  C. CITY (If outside corporate limits, write RURAL and give  LENGTH OF  TOWN  G. FILL NAME OF (If and in hospital or insubstiding, give sign addition or hospital)  RISTITUTION  A. A	1	ST.				File No
B. CLERGY OF DEATH  B. COUNTY  B. COUNTY  B. CHY (If outside corporate limits, write RURAL and give  LENGTH OF  TOWN  C. CITY (If outside corporate limits, write RURAL and give  LENGTH OF  TOWN  G. FILL NAME OF (If and in hospital or insubstiding, give sign addition or hospital)  RISTITUTION  A. A	BIRTH NO	REG.	DIST. NO318	PRIMARY REG. DIST.	1003 Regi	strar's No. 631
C. FULL NAME OF CIT not is begind or flatation, give signs address or location)  G. FULL NAME OF CIT not is begind or flatation, give signs address or location)  G. STREET  ADDRESS  A		ATH .		2. USUAL RESID	ENCE (Where deceased II	
HOLDITAL OR   AQQ   SIVEST   ADDRESS   AQQ   AQQ   SIVEST   ADDRESS   AQQ   SIVEST   AQQ   SIVEST   ADDRESS   AQQ   SIVEST   ADDRESS   AQQ   SIVEST   AQQ   SIVEST   ADDRESS   ADDRESS   AQQ   SIVEST   ADDRESS	i OR	orporate limits, write RURAL er		c. CITY (If outside on	$\sim$ $\sim$ $\sim$	nd give township) 2 2 7 9
3. NAME OF DECEASED (Type or Print)  5. SEX O   6. COLOR RACE   7. MARRIED, NEVER MARRIED,   8. DATE OF BIRTH   7. MARRIED   9. AGE (In year)   10. SEARCH   10. MIDOWED, DIVORCED (Speadty)   10. MIDOWED, DIVORC	d. FULL NAME OF HOSPITAL OR INSTITUTION	12229	give street address or location)	ADDRESS ,		14 24 55
5. SEX O S. COLOR OR RACE NAME NOTE COUNTY)  100. USUAL OCCUPATION (Clevital of rock with the county)  101. USUAL OCCUPATION (Clevital of rock with the county)  102. USUAL OCCUPATION (Clevital of rock with the county)  103. FATHER'S NAME  104. USUAL OCCUPATION (Clevital of rock with the county)  105. KIND OF BUSINESS OR IN-  106. WIND OWN  107. Red  107. MARRIED. NEVER MARRIED.  108. WIND OWN  109. KIND OF BUSINESS OR IN-  109. MORE TO BUSINESS OR IN-  109. KIND OF BUSINESS OR IN-  109. MORE TO HUBBAND OR WIFE  11. INFORMANT'S SIGNATURE OR NAME  12. CAUSE OF BEATH  Enter only one equiper-  12. CAUSE OF BEATH  Enter only one equiper-  12. CAUSE OF BEATH  Enter only one equiper-  12. INFORMANT'S SIGNATURE OR NAME  13. DISEASE OR CONDITION  14. DISEASE OR CONDITION  15. DISEASE OR CONDITION  16. DISEASE OR CONDITION  17. This does not mean  16. Information of one one of the obove cause (a) stating  16. Information of one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  16. Information one one of the obove cause (a) stating  17. DISEASE OF CONDITION  18. DATE OF OPERA-  199. MAIN INFORMANT'S CAUSE  199. LO COUNTY)  190. AUTOPSYT  190. That I last saw the deceased  199. LO COUNTY)  190. AUTOPSYT  190. AUTOPSYT  190	3. NAME OF DECEASED (Type or Print)	E. (First)	b. (Middle)	<i></i>	OF	
109. LISUAL OCCUPATION (Civer lated of early Congression of working life, were it rethered)  109. KIND OF BUSINESS OR IN POUSTRY  120. FATHER'S NAME  121. APPENDED FOR IN U. S. ARMED FORCES?  122. AND NOWN  123. MOTHER'S MAIDEN NAME  124. NAME OF HUSBAND OR BIFE  125. WAS DECEASED EVER IN U. S. ARMED FORCES?  126. SOCIAL SECURITY NO.  127. INFORMANT'S SIGNATURE OR NAME  127. INFORMANT'S SIGNATURE OR NAME  128. SOCIAL SECURITY NO.  129. LOUSE OF DEATH  129. DISEASE OR CONDITION  129. DISEASE OR CONDITION  129. DISEASE OR CONDITION  129. DISEASE OR CONDITION  130. DUE TO (e)  131. DISEASE OR CONDITION  131. DISEASE OR CONDITION  132. AND DEATH  133. MOTHER OR NAME  140. NAME OF HUSBAND OR BIFE  141. NAME OF HUSBAND OR BIFE  142. NAME OF ERROCE VICE  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  18. AND DEATH  19. MOTHER SIGNATURE OR NAME  19. AND DEATH  19. AND REMOVED OR THE MAIN OR TOWNSHIP  19. AND THE MORE OR THE MAIN OR TOWNSHIP  19. AND THE MORE OR THE MAIN OR THE MAIN OR TOWNSHIP  20. AUTOPSYT  19. AND THE MORE OR THE MAIN OR THE MAIN OR TOWNSHIP  21. HOW DID INJURY OCCURT  22. I hereby certify that I altended the deceased from  19. AND THE MAIN OR TH	5. SEX 0 6	ALL'TO WE	OWLD, DIVORCED (Speedly),		9. AGE (In year	ATE OF UNDER 1 YEAR   IF DROER 21 HOS.
13b. MOTHER'S MAME   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBARD OR WIFE   17   18. NAME OF HUSBARD OR WIFE   18. NOTHER'S MAIDEN NAME   18. NAME OF HUSBARD OR WIFE   18. SOCIAL SECURITY NO.   17. INFORMANT'S SIGNATURE OR NAME   ADBESS   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF CONDITION   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF CONDITION   18. CAUSE OF CONDITIONS   18. CAUSE OF CONDITION   18. CAUSE OF CONDITIONS   18. CAUSE OF CAUSE OF CONDITIONS   18. CAUSE OF CAUSE OF CONDITIONS   18. CAUSE OF CONDITIONS   18. CAUSE OF CAUSE OF CONDITIONS   18. CAUSE OF CAUSE	done during most of work	ON (Give kind of work ing life, even if retired)	IND OF BUSINESS OR IN-	11. BIRTHPLACE (Blass	$\mathcal{J}^*$	8 12. CITIZEN OF WHAT COUNTRY!
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS (Yes, be, by unknown) (II yes, give was or dates of service) 18. CAUSE OF DEATH RETWEEN AND AN Z PR / 220 2 5. 14 5 5 19. ALUSE OF DEATH RETWEEN AND AN Z PR / 220 2 5. 14 5 5 19. ALUSE OF DEATH ONSET AND DEAT	13a. FATHER'S NAME		136. MOTHER'S MAIDEN			J
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the discusser injury, or complication which caused death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  SUICIDE HOMICIDE  21d. TIME (Month)  ORATION  21d. Month (Month)  ORATION  MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  O	15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY	17. INFORMANT		ADDRESS
the mode of dying, such as heart failure, anthemia, etc. It means the discasse cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE OF INJURY  21b. PLACE OF INJURY (e.g., to er about the disease of the disea	. Enter only one cause per	I. DISEASE OR CONDITION DIRECTLY LEADING TO I	MEDICAL C ON DEATH*(a)	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Ease, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about blue, sec.)  19c. ACCIDENT SUICIDE  SUICIDE (Boselly)  21b. PLACE OF INJURY (e.g., in or about blue, sec.)  19c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY  21f. HOW DID INJURY OCCUR?  22f. I hereby certify that I attended the deceased from alive on 19 , and that death accurred are alive on 19 , and that accurred are alive on 19 , and that accurred are alive on 19 , and	the mode of dying, such					
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Bpecity)  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from AT WORK  22. I hereby certify that I attended the deceased from AT WORK  22. I hereby certify that I attended the deceased from Injury occurred at the deceased above.  23a. ADDRESS  23b. ADDRESS  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county): (State)  19	etc. It means the dis- case, injury, or complica-	e, injury, or complica-				
TION  21a. ACCIDENT SUICIDE HOMICIDE  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., erc.)  21c. (CITY, TOWN, OR TOWNSHIP)  (COUNTY)  (STATE)  21d. TIME OF INJURY  21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK  21f. HOW DID INJURY OCCUR?		Conditions contributing to the death but not related to the disease or condition causing death.				
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCUR?  INJURY   MHILEAT NOT WHILE   21f. HOW DID INJURY OCCUR?  22d. I hereby certify that I attended the deceased from alive on 19, to 19, that I last saw the deceased alive on 19, and that death occurred alive or 19, to 19, that I last saw the deceased alive on 19, and that death occurred alive or 19, to 19, that I last saw the deceased alive or 19, to 19, that I last saw the deceased alive or 19, to 19, that I last saw the deceased alive or 19, to 19, that I last saw the deceased alive or 19, to 19, that I last saw the deceased alive or 19, to 19, that I last saw the deceased alive or 19, to 19, that I last saw the deceased from 19, to 19, that I last saw the deceased from 29, the country of the causes and on the date stated above.  23a. 29G. DATE SIGNED  23b. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or country) (State)  24c. NAME OF CEMETERY OR CREMATORY 57, hours of the causes and on the date stated above.  25c. DATE SIGNED	19a. DATE OF OPERA- TION	195. MAJOR FINDINGS O	PF OPERATION			
22. I hereby certify that I attended the deceased from	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 21b. PLA home, farm	CEOFINJURY (e.g., in or about n, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (CO	OUNTY) (STATE)
alive on, 19, and that death occurred at 50 m., from the causes and on the date stated above.  23c. BIGNATURE   23c. DATE   23c. DATE SIGNED   23c. DATE SIGNED   23c. DATE SIGNED   23c. DATE SIGNED   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county); (State)   10c. CREMATORY   57. OUIS   MISSOURY   10c. CREMATORY   57. OUIS   MISSOURY   10c. CREMATORY   10c.	21d. TIME (Month OF INJURY		WHILE AT NOT WHILE	21f. HOW DID INJURY	OCCUR?	4201
23c. DATE SIGNED	7 77		7	7 E A D'	, ,	
200 BURIAL CHEMA 240 DATE 240. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)		Para de 3.		23b. ADDRESS	ante	
	JON, REMOVAL (Break			Y OR CREMATORY	24d. LOCATION (Dity, ton	TA 3634451
		REGISTRAR'S SIGNATU			TOR'S SIGNATURE	ADDRESS APA T S. A. A.
(Licensed Embalmer's Statement on Reverse Side)			(Licensed Embalmer's S	tatement on Reverse Sid	e)	0.70

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on t	he reverse side of this certificate was embalmed by me, or by
	***************************************
orking under my second supervision	Student Embalmor No.

Licensed Embalmer No.3.2 Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Existing to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.